Schedule 2 (Form 1040A)

Department of the Treasury-Internal Revenue Service

Child and Dependent Care Expenses for Form 1040A Filers (c)

1993

OMB No. 1545-0085

Name(s) shown on Form	ne(s) shown on Form 1040A					Ý	Your social security number		
`		You need to schedule: Dep expenses , and 58. Also, if you is less than \$23	endent care b Qualifying pers had a child bor	enefits, Éarr son(s). See In n in 1993 and	ned income nportant tea d line 17 of	e, Qualified rms on page Form 1040A			
Part I Persons or organizations	1	(a) Care provider's name		s (number, stree state, and ZIP c		(c) Identify number (SSN o		(d) Amount paid (see page 61)	
who provided the care You MUST complete this part.	(If you need more space, use the bottom of page 2.) 2 Add the amounts in column (d) of line 1.								
	3	Did you receidependent care b	ve	rsons cared NO — YES —		▶ Complete only Complete Part			
Part II Credit for child and dependent care expenses									
		5 Enter YOUR earned income. 5 6 If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see page 61); all others, enter the amount from line 5.							
	7	Enter the smallest of Enter the amount from			8		7		
	9			t shown below If line 8 Over \$20,000 22,000 24,000 26,000	w that app	Decimal amount is .24 .23 .22 .21 .20	9		
	18,000—20,000 .25							=	
		ition: If you paid \$50 one, you must file an en					l in your	•	

ame(s) shown on pag	ge 1		Your social security number				
art III ependent are benefits	11 Enter the total amount of dependent care benefit for 1993. This amount should be shown in box 10 form(s). DO NOT include amounts that were repowages in box 1 of Form(s) W-2.	of your W-2					
Complete this part only if you eceived these penefits.	12 Enter the amount forfeited, if any. See page 62.	_12					
	13 Subtract line 12 from line 11.	13					
	14 Enter the total amount of qualified expenses incurred in 1993 for the care of the qualifying person(s).	14					
	15 Enter the smaller of line 13 or 14.	15					
	16 Enter YOUR earned income.	16					
	17 If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the line 6 instructions); if married filing a separate return, see the instructions for the amount to enter; all others, enter the amount from line 16.	17					
	18 Enter the smallest of line 15, 16, or 17.	18					
	 19 Excluded benefits. Enter here the smaller of the The amount from line 18, or \$5,000 (\$2,500 if married filing a separate returned to enter your spouse's earned income 	n and you were	19				
	20 Taxable benefits. Subtract line 19 from line 13. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, write "DCB."						
	- To claim the child and depen lines 21–25 below, and lines 4–10	ndent care credit, of on the front of this s	complete chedule.				
	21 Enter the amount of qualified expenses you incu DO NOT include on this line any excluded benefit line 19.	rred and paid in 199 its shown on	3. 21				
	22 Enter \$2,400 (\$4,800 if two or more qualifying persons).	22					
	23 Enter the amount from line 19.	23					
	24 Subtract line 23 from line 22. If zero or less, STC						
	the credit. Exception. If you paid 1992 expenses line 10 instructions.	s in 1993, see the	24				